

Program 050

DSHS - Long Term Care**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	1,302.4	1,255,372	1,975,438	3,230,810
Total Maintenance Level	1,357.6	1,779,656	1,803,399	3,583,055
Difference	55.2	524,284	(172,039)	352,245
Percent Change from Current Biennium	4.2%	41.8%	(8.7)%	10.9%
Performance Changes				
Reduce Nursing Home Rate for Lowest Acuity Clients #		(9,256)	(9,256)	(18,512)
Reduce Nursing Home Financing Rate #		(12,867)	(12,867)	(25,734)
Delay Nursing Home Rebase #		(7,412)	(7,412)	(14,824)
Reduce Area Agencies on Aging Unit Rate		(1,546)	(1,546)	(3,092)
Reduce Senior Citizens Services Act		(1,160)		(1,160)
Reduce Personal Care Hours		(76,206)	(76,206)	(152,412)
Expand Family Caregiver Diversion		(1,446)	(8,346)	(9,792)
Improve Vulnerable Adults Safety #	23.9	(5,902)	22,123	16,221
Revise Phase-in for Nursing Home Discharge		(4,356)	(4,356)	(8,712)
Reduce Agency Provider Health Benefit #		(19,667)	(19,665)	(39,332)
Reduce Regional Administration	(5.0)	(368)	(488)	(856)
Delay Mandatory Training #	(8.0)	(15,626)	(9,270)	(24,896)
Suspend Plan 1 Uniform COLA #		(1,943)	(1,340)	(3,283)
Subtotal	10.9	(157,755)	(128,629)	(286,384)
Total Proposed Budget	1,368.5	1,621,901	1,674,770	3,296,671
Difference	66.1	366,529	(300,668)	65,861
Percent Change from Current Biennium	5.1%	29.2%	(15.2)%	2.0%
Total Proposed Budget by Activity				
Adult Day Health Community Services		14,341	13,938	28,279
Adult Family Home Community Services		124,170	123,224	247,394
Program Support for Long Term Care	149.2	36,190	36,650	72,840
Eligibility/Case Management Services	826.9	100,454	100,017	200,471
In-Home Services	2.5	745,611	746,195	1,491,806
Investigations/Quality Assurance	398.7	14,808	80,753	95,561
Residential Community Services		103,095	100,962	204,057
Nursing Home Services		465,596	455,395	920,991
Managed Care Services		17,636	17,636	35,272
Total Proposed Budget	1,377.2	1,621,901	1,674,770	3,296,671

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

HUMAN SERVICES - DSHS

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Reduce Nursing Home Rate for Lowest Acuity Clients #

Medicaid clients with the lowest acuity classifications are reimbursed at 50 percent of the Average Direct Care daily rate. This payment change supports the role of nursing homes for serving the most fragile clients. (General Fund-State, General Fund-Federal)

Reduce Nursing Home Financing Rate #

The allowable return on investment in the finance allowance component of the nursing home rate is reduced to 4.0 percent. The percentage of return on investment is set by the state and is adjusted to reflect lowering interest rates for commercial health industry loans. (General Fund-State, General Fund-Federal)

Delay Nursing Home Rebase #

The Department will delay the rebasing of nursing home rates to July 1, 2013 rather than in 2012. Rebasing is the process of using a new, more recent cost report to establish Medicaid payment rates. (General Fund-State, General Fund-Federal)

Reduce Area Agencies on Aging Unit Rate

The monthly rate paid to the Area Agencies on Aging (AAA) is reduced by 3 percent for each home managed for Medicaid clients. Core service contract management performed by AAAs will also be reduced by 3 percent. The client caseload ratio will increase from 1:70 to 1:72 as a result of this reduction. (General Fund-State, General Fund-Federal)

Reduce Senior Citizens Services Act

Reductions are made to the Senior Citizens Services Act (SCSA). Through Area Agencies on Aging (AAAs), SCSA funds are used to pay for services that delay entry into Medicaid and enable people to live in their homes as long as possible. Services affected include case management, transportation, bathing assistance, minor home repair, foot care, and senior meals.

Reduce Personal Care Hours

Personal Care provides assistance with daily living activities to individuals who meet functional and financial eligibility. An average 10 percent acuity-based reduction is made to personal care service hours for adult clients receiving in-home personal care under Medicaid programs. The actual reduction will range between 6 percent and 18 percent per client depending on acuity. (General Fund-State, General Fund-Federal)

Expand Family Caregiver Diversion

Investments are made in the Family Caregiver Support Program (FCSP), including specialized caregiver support for people with Alzheimer's disease. The FCSP is a service available to unpaid caregivers of adults who need care. Providing these caregivers with information and connecting them to other resources helps clients remain in their homes and delays entry into more costly long-term care services. (General Fund-State, General Fund-Private/Local)

Improve Vulnerable Adults Safety #

Funding is provided to ensure adequate levels of community protection in adult family homes, boarding homes and nursing homes. The entire cost of oversight and licensure will be included in the license fees for these community settings, eliminating any general fund subsidy. (General Fund-State, General Fund-Private/Local, General Fund-Federal)

Revise Phase-in for Nursing Home Discharge

Funding is reduced to reflect the placement of more nursing home clients than anticipated into community settings. (General Fund-State, General Fund-Federal)

Reduce Agency Provider Health Benefit #

The Developmental Disabilities Division will reform the way health benefits are purchased for agency providers who serve Medicaid clients. (General Fund-State, General Fund-Federal)

Reduce Regional Administration

The Department of Social and Health Services is consolidating its regional structure from six to three for all programs across the state. (General Fund-State, General Fund-Federal)

Delay Mandatory Training #

Improvements in mandatory training and certification requirements for long-term care workers are delayed until the 2013-15 biennium. No clients will lose service as a result of this delay. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Adult Day Health Community Services

Adult Day Health services include rehabilitative therapies to help participants become more self-sufficient, and counseling and support to families caring for a mentally, physically, socially, and/or emotionally impaired family member. Services are intended to delay or prevent entrance, or reduce the length of a stay in 24-hour care settings. Clients meet Medicaid-eligible criteria and have a skilled nursing or rehabilitation need, as determined by a doctor. On a quarterly basis, case managers review eligibility and ongoing need for services, which are provided by contract with local providers or through Area Agencies on Aging (AAAs) that subcontract with local providers. Approximately 2,000 clients receive Adult Day Health services each year.

Adult Family Home Community Services

A broad range of Aging and Disability Services Administration (ADSA) clientele is served in adult family homes (AFH), private homes that may serve up to six residents. Some AFHs serve primarily higher functioning residents, while other homes specialize in serving individuals with dementia, developmental disabilities, or mental illnesses. AFHs whose provider is a professional nurse will frequently provide limited nursing care for individuals with more complex nursing and medical needs. AFHs may also serve vulnerable adults, as defined in Chapter 74.34 RCW, who are receiving state-provided adult protective services. Clients residing in adult family homes meet the financial and functional eligibility criteria for either the MPC (Medicaid Personal Care) program or the COPES (Community Options Program Entry System) program. ADSA contracts for care for approximately 4,100 clients each year who receive room, board, laundry, necessary supervision, and assistance with activities of daily living, personal care, and social services.

Program Support for Long Term Care

Administrative staff develop specific services and agency policy for both Area Agencies on Aging (AAAs) and Aging and Disability Services Administration (ADSA) field staff. Other administrative staff provide technical assistance such as accounting and budget, contract management, and computer support for the administration. Forecast and data analysis and the determination and publication of rates for nursing homes, adult family homes, and boarding homes are also provided. Staff process and manage payments for vendors and employees, and collect and report program data to both internal and external customers. Staff perform fiscal and administrative monitoring and evaluation of programs and general administrative functions for other activities.

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Eligibility/Case Management Services

The Aging and Disability Services Administration (ADSA) Home and Community Services (HCS) Division determines client eligibility based on both functional and financial criteria for all long-term care programs. It provides information and referral services, nursing home and community residential placement, and ongoing case management for clients served in community residential settings. Area Agencies on Aging provide ongoing case management for clients served in their own homes. Case management consists of assessing and reassessing eligibility, updating and monitoring a plan of care, coordinating non-department services in response to a client's need, responding to emergencies and status changes, and providing any additional assistance a client may need to remain in his/her home.

In-Home Services

The Aging and Disability Services Administration (ADSA) contracts for care in a client's home with agency or individual providers to enable individuals to remain at home. Clients receive assistance with activities of daily living such as personal hygiene, toileting, bathing, dressing, cooking, and eating. They also receive assistance from the provider for completing household tasks such as shopping, laundry, and housework. Additional services may include assistance with medications or transportation to medical appointments, home-delivered meals, adult day care, environmental modifications, special medical equipment, and skilled nursing care. Over 29,000 clients receive in-home services each year.

Private Duty Nursing Services provide nursing care to approximately 75 Medicaid clients over age 18 who otherwise would be institutionalized. To be eligible, the client must require at least four hours per day of continuous skilled nursing care.

The Elderly Nutrition Program supplements the Older Americans Act nutrition program with U.S. Department of Agriculture case payments in lieu of commodities. Senior Farmers' Market Nutrition is a federal grant to provide fresh, nutritious, unprepared fruits and vegetables to low-income senior citizens from farmers' markets and other community supported agriculture.

Investigations/Quality Assurance

The Aging and Disability Services Administration (ADSA) verifies and ensures that licensed facilities, staff, and others who come in contact with vulnerable adults are providing appropriate services and quality care. The administration accomplishes this through reviewing case management work, surveying and certifying nursing homes, licensing adult family homes and boarding homes, and monitoring the quality of service provided in facilities where out-of-home placements are made. Staff investigate over 8,800 nursing home, adult family home, and boarding home complaints each year. Adult Protective Services investigates reports of abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults who live in their own homes. Payment authorizations are examined to ensure compliance with federal and state laws, and to identify incorrect client eligibility determination and payment errors. Contract oversight and monitoring of home care agencies and other providers of services to in-home clients are provided through the Area Agencies on Aging.

Residential Community Services

The Aging and Disability Services Administration (ADSA) contracts with licensed boarding homes for Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), and Assisted Living services. Approximately 1,700 ARC and EARC clients each year receive room and board and assistance with medications and personal care. Some residents may receive limited nursing services, limited supervision, and specialized dementia care, as provided by contracted facilities. Clients living in ARC facilities meet the functional eligibility criteria for either the MPC (Medicaid Personal Care) program or the COPES (Community Options Program Entry System) program. ARCs work with clients who have mental illnesses and vulnerable adults, as defined in Chapter 74.34 RCW, who are receiving state-provided adult protective services. EARC facilities provide clients who are receiving services from the COPES program limited nursing services, in addition to assistance with personal care tasks and supervision. Assisted Living services are provided each year to approximately 4,300 clients in private apartments. Services are available 24 hours a day and include assistance with activities of daily living, limited nursing and supervision, and housekeeping. Clients living in assisted living facilities meet the financial and functional eligibility for the COPES program. These facilities generally do not admit or retain individuals with more complex nursing/medical needs, or individuals with significant care needs related to dementia or difficult to manage behavior.

Nursing Home Services

The Department of Social and Health Services provides nursing facility health care to approximately 10,700 Medicaid-eligible persons who need post-hospital recuperative care, require nursing services, or have chronic disabilities necessitating long-term habilitation and/or medical services. Nursing homes provide 24-hour supervised nursing care, personal care, therapy, and supervised nutrition. The program also gives cash assistance to persons leaving nursing homes to help re-establish them in independent living.

Managed Care Services

The Aging and Disability Services Administration (ADSA) contracts with a vendor to provide managed care services that include medical care, long-term care services, substance abuse treatment and mental health treatment under one service package and capitated payment per member per month. These programs help clients remain in the community for as long as possible by providing comprehensive health and social services to meet the unique needs of each client. Current contracts are for the Program of All-Inclusive Care for the Elderly (PACE) and the Washington Medicaid Integration Partnership (WMIP). The vendors assume all financial responsibility for medical expenses associated with meeting a client's needs for as long as the client remains enrolled in the program, which for most is the remainder of their lives.